

UNITED STATES DISTRICT COURT

CLERK'S OFFICE

Eastern

District of

Massachusetts

CAROL BLANCHARD, EXECUTIVE DIRECTOR
of the TEAMSTERS UNION 25 HEALTH
SERVICES & INSURANCE PLAN
V.

2005 OCT -3 P 3:20
SUMMONS IN A CIVIL ACTION
DISTRICT OF MASS

APA TRANSPORT CORP.

CASE NUMBER:

05 - 11880 GAO

TO: (Name and address of Defendant)

APA Transport Corporation
c/o CT Corporation System
101 Federal Street
Boston, MA 02110

YOU ARE HEREBY SUMMONED and required to serve on PLAINTIFF'S ATTORNEY (name and address)

Matthew E. Dwyer, Esq.
Dwyer, Duddy & Facklam
Two Center Plaza, Suite 430
Boston, MA 02108

an answer to the complaint which is served on you with this summons, within 20 days after service of this summons on you, exclusive of the day of service. If you fail to do so, judgment by default will be taken against you for the relief demanded in the complaint. Any answer that you serve on the parties to this action must be filed with the Clerk of this Court within a reasonable period of time after service.

SARAH A. THORNTON

SARAH A. THORNTON

CLERK

(By) DEPUTY CLERK



SEP 10 2005



Suffolk County Sheriff's Department • 45 Bromfield Street • Boston, MA 02108 • (617) 989-6999

Suffolk, ss.

September 26, 2005

I hereby certify and return that on 9/20/2005 at 2:10PM I served a true and attested copy of the Summons, Complaint and Cover Sheet, Category Sheet in this action in the following manner: To wit, by delivering in hand to Yvette Conception, process clerk and agent in charge of CT Corp. and its agent at the time of service for APA Transport Corporation, at , c/o CT Corporation Systems, 101 Federal Street Boston, MA. U.S. District Court Fee (\$5.00), Basic Service Fee (IH) (\$30.00), Travel (\$1.00), Postage and Handling (\$1.00), Attest/Copies (\$5.00) Total Charges \$42.00

Deputy Sheriff John Cotter

John Cottier

Deputy Sheriff

Other (specify):

STATEMENT OF SERVICE FEES

TRAVEL	SERVICES	TOTAL \$0.00
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DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Return of Service and Statement of Service Fees is true and correct.

Executed on _____ Date _____ Signature of Server _____

Address of Senator